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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/649,599
	Filing Date	March 17, 2004
	First Named Inventor	Anke Gasche
	Art Unit	Unk.
	Examiner Name	Unk.
	Attorney Docket Number	1208.003

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☒ The address associated with
Customer Number:
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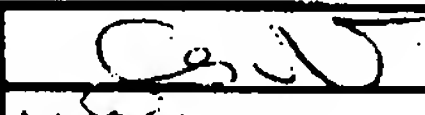
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Anke Gasche		
Date	12/20/2006	Telephone	+43 2243 31160

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**REVOCATION OF POWER OF
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AND
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Application Number	10/549,599
Filing Date	March 17, 2004
First Named Inventor	Anke Gasche
Art Unit	Unk.
Examiner Name	Unk.
Attorney Docket Number	1209.003

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OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

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Anke Gasche

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